



**Bereskin & Parr**  
INTELLECTUAL PROPERTY LAW

September 15, 2005

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Your Reference: 09/060,825  
Our Reference: 10494-10

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA  
22313-1450

Dear Sir:

**Re: Supplemental Information Disclosure Statement**  
**U.S. Patent Application No. 09/060,825**  
**For: METHOD AND APPARATUS FOR NOISE REDUCTION, PARTICULARLY**  
**IN HEARING AIDS**  
**Filed: April 16, 1998**  
**Applicant: BRENNAN, Robert**

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In accordance with 37 CFR. 1.97 and 1.98, and in recognition of the duty of disclosure set forth in 37 CFR 1.56, the Applicant hereby submits a Supplemental Information Disclosure Statement including (1) a listing, on PTO Form SB/08A and SB/08B of patents and other publications of which Applicant is aware; (2) a copy of the non patent literature document.

In accordance with 37 CFR 1.98(c), where two or more patents or publications are merely cumulative, a copy of just one of these patents or publications is enclosed. Alternatively, where one such patent or publication is already of record, no further cumulative patents or publications are enclosed.

The filing of this statement shall not be construed as an admission that the information cited in the attached statement is, or is considered to be, material to patentability (37 CFR 1.97(h)), nor as an admission that it constitutes prior art.

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TORONTO MISSISSAUGA WATERLOO MONTRÉAL

- 2 -

Please have these documents recorded against the above-mentioned application.

Respectfully submitted,

By:   
Tony R. Orsi  
Registration No. 55,831

/cem  
Encl.



Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTC

**Complete if Known**

*(Use as many sheets as necessary)*

Sheet	1	of	2
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<i>Application Number</i>	09/060,825
<i>Filing Date</i>	April 16, 1998
<i>First Named Inventor</i>	BRENNAN, Robert
<i>Art Unit</i>	2644
<i>Examiner Name</i>	TRAN, Con P.
<i>Attorney Docket Number</i>	10494-10

[illegible][illegible]

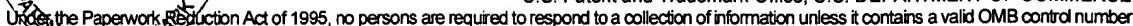
**Examiner  
Signature**

Date Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language. Translation is attached

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449B/PTO

*(Use as many sheets as necessary)*

Sheet	2	of	2
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**Complete if Known**

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[illegible]

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Signature**

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<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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